Title: **Air Force Data Quality Guidance**

Session: **W-6-1630**

In-Person Data Quality Conference Call

- Bi-monthly
  - Schedule
- Business/Training
- Target Audience

Agenda

- Welcome
- Data Quality (DQ) Review List and Statement Updates
- 2011 Health Service Inspection (HSI) DQ requirements
- eDQ (Electronic DQ Review List and Statement) Status
- Provider File Report Card Update
- Training Opportunities
- Reminders
- Open Forum for Questions/Comments
- Training
- Wrap-up/Next Meeting

DQ Review List and Statement

- MTF Spreadsheet due 25th of each month
  - Send to afmoa.dq@us.af.mil (use read receipt)
- "Yellow & Red" performance requires a comment:
  - Include problem, corrective action plan, and estimated completion date (include trouble tickets)
  - Must be clear and concise
  - Published on TMA and Vector Check Web sites
  - Use program vs. individual names (i.e., MTF Coder, AFMOA MEPRS Manager, MTF UBO Manager…)
  - Write from your MDG/CC's perspective (avoid "I")
- Use the FY 11 DQ Team Users' Guide (TUG) as a reference guide to answer Review List/Statement Questions

DQ Team User's Guide (TUG) Sample

B.6. In accordance with legal and medical coding practices have all of the following occurred (See Applicable DoDD/DoDI on Medical Records Retention and Coding):
b) What percentage of Ambulatory Procedure Visits (APVs) have been coded within 15 calendar days of the encounter?

Performance Threshold:

Greater than or equal to 95%; GREEN

Greater than or equal to 80% but less than 95%; YELLOW

Less than 80%; RED

N/A; facilities not performing APVs.

Comments are required on DQ Statement if MTF performance is under 95%. Review Appendix A for comment requirements.

Calculation:

$$\frac{\text{Sum of APV Standard Ambulatory Data Record (SADR) Encounters Coded Within 15 Calendar Days}}{\text{Sum of APV Daily Outpatient Workload Reports (DOWR)}}$$

Details:

DoD Instruction 6040.42, 10 June 2004, Medical Encounter and Coding at Military Treatment Facilities, requires 100% of APVs be coded within fifteen calendar days of the encounter. This metric is an approximation to the question, "what percentages of records were completed within fifteen calendar days?" This calculation does not include T-Cons or Non-Count Encounters. This metric is normally updated three times daily by BDQAS (approximately 0630, 1130 and 1830 CST) and the MTF is awarded the highest percentage of the three. For example, if your SADR file missed the cutoff for the morning and your metric showed 90%, but the evening run included the file and your metric rose to 94%, it will be the 94% that goes into the "permanent" snapshot. The overall "weighted average percentage" is calculated by summing up all the SADR and dividing by all the DOWR records, because of the floating windows, the total SADR and DOWR will exceed the actual SADR and DOWR.

Process:

DQ Manager will:

1. Go to the BDQAS web site:

https://bdqas.afms.mil/data_metrics/data_metrics.htm

2. Click on "DQ Statement Reports" under the DQ Reports column.
3. Click on your "Major Command" and find your facility.
4. Click on the "reporting data month."
5. Report monthly percentage and raw numbers on the DQ Statement for this question.

NOTE: Percentages must be reported to one decimal point. Rounding of actual performance calculations beyond one decimal point is prohibited. If performance measure is RED or YELLOW, the DQ Assurance Team and MTF Executive Committee will need to be briefed and corrective actions accomplished/tracked by locally appointed personnel.

Additional Information:

Question B.6.b. is question 2b on the DQ Statement. Review Section B.6.b. (Data Input) in the DQ Management Control Review List for the current fiscal year.

2011Health Service Inspection (HSI) DQ Requirements

DOCUMENT LIST

- Data Quality Manager appointment letter
- Commander's DQ Statements and DQMC Review List (previous 12 months – DoDI 6040.40 requires these be maintained for the previous 5 years)
- DQ Assurance Team meeting minutes (previous 2 years)

ELEMENT 3.2.2. CHECKLIST

- The MTF/CC appointed a DQ Manager and Alternate who are responsible for accomplishing DQMC activities
  - Completes the DQMC Review List monthly
  - DQ Manager briefs DQMC Review List and Financial and Workload Data Reconciliation and validation results monthly to the MTF Executive Committee

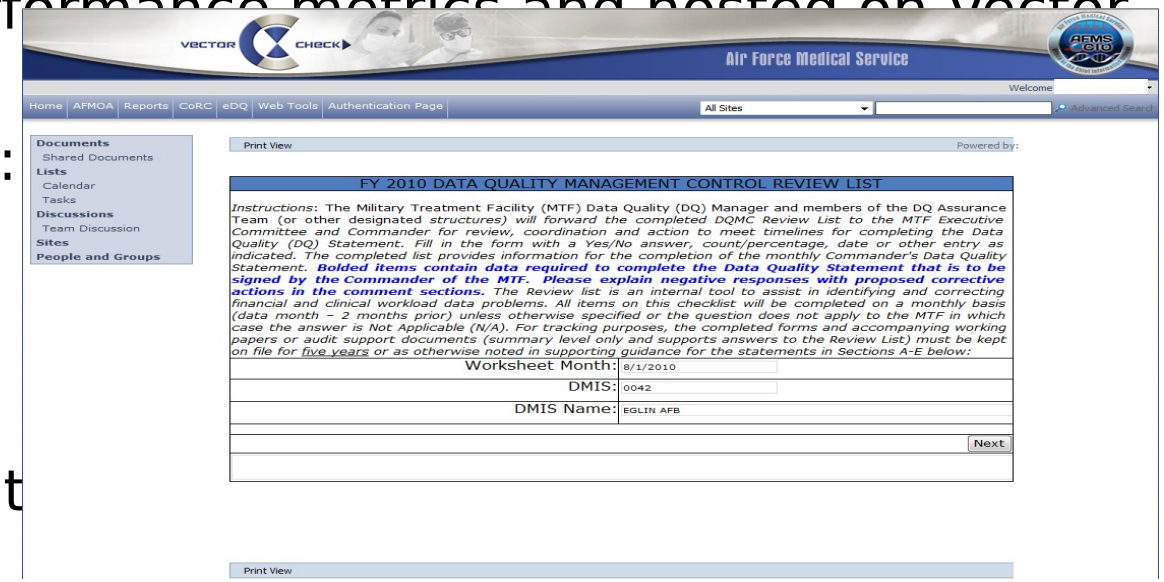
2011Health Service Inspection (HSI) DQ Requirements (continued)

- A DQ Assurance Team was established (or an existing structure was tasked) and met monthly to monitor financial and clinical workload DQ assurance and management controls
- Team members included, as a minimum, the DQM, MEPRS Manager, Budget Analyst, RMO, Medical CIO, GPMs, and Patient Administration

- DQAT developed/monitored corrective action plans for all negative findings on the DQMC Review List
- Maintain DQMC summary supportive documentation for all DQMC Review List questions

eDQ (Electronic DQ Review List and Statement)

- Automate DQ Review List and Statement production at the MTF
- Eliminate repetitive consolidation at various higher HQ levels
- All involved can spend more time improving processes, solving DQ issues, which will enhance decision making
- Ensure MTF DQ Review List compliance
  - Provide performance metrics and hosted on Vector Check
  - Way Ahead:
  - Testing
    - AFMAO
    - Beta
  - Deployment



CHCS Provider File Report Card Update

PROCESSES

- Eliminate CHCS Provider File error backlog and prevent future errors across the AFMS

ISSUES

- Impacts revenue, workload, patient safety and data integrity
- Lack of expertise, ownership and guidance to resolve and prevent provider file errors

ACTIONS

- Centrally produced MTF report cards; refined focused approach
- Created a library of training materials to correct backlog and prevent errors
- Partnered with Pharmacy community (point of entry for most external providers) to focus on prevention
- Conducted focus site visits to provide training and obtain buy-in

DATA, EXAMPLES

US Air Force - CHCS Provider File Facility Report Card
4/1/2007 To 7/30/2010
377th MED GRP-KIRTLAND

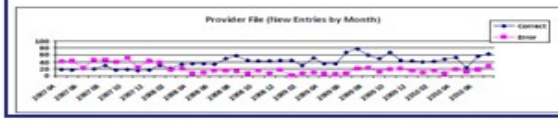
Demographics

MTF Name:	DMIS:	Platform Host:	Facility Type
377th MED GRP-KIRTLAND	0083	377th MED GRP-KIRTLAND	Large Clinic

Error/Discrepancy Analysis

Last Date Data Entered	Number Of Records:	# Of Records W Errors	%With Errors:	Avg # of Errors/Record
30-Jul-2010	6421	3799	59.17%	1.3

ERROR/DISCREPENCY	DESCRIPTION	PRIMARY EFFECT	#
Naming Convention	Provider names that may not be in the required format	SS, Pt Safety, Data Integrity	764
NPI - Null	Provider records that have a null NPI	SS	2678
NPI - Duplicate	Two or more providers that contain the same NPI	SS	99
Sig Class/PSC Mismatch	Provider signature class with nurse or tech specialty	Pt Safety, Anc Workload	87
Signature Class	Providers that contain a null, (0)clerk,or (1)nurse signature class	Pt Safety, Anc Workload	54
Provider Specialty Code (PSC)	PSC is null, Over 800 or between 500 and 510	SS,Workload	570
HIPAA Taxonomy	Taxonomy codes that do not correlate to the PSC	SS,Workload	695
Primary Hosp Location	Inside/outside providers with MEPRS mismatch	Data Integrity	71
DEA / License #	Both fields are null for external providers	Pt Safety	1
Generic Provider	Use created provider accounts that are not true providers	SS, Pt Safety, Workload	3
Potential Duplicate	Two or more providers in the provider file that appear to be a duplicate provider	SS, Pt Safety, Workload	182
Total Errors, Count			5104



Volume and error types dictate cleanup strategies

MTF Error rates per month (new entries)

MTF Name	Date Range # of Records	# Of Records W Errors	# Of Errors	% With Errors	Avg # of Errors / Record
51st SPEC OPS MED GRP-HURL	7139	254	6	2.36%	1.0
2nd MED GRP-MCCONNELL	0059	2946	73	2.55%	1.0
9th MED GRP-HILL	0119	4117	185	3.02%	1.0
7th MED GRP-SCOTT	0055	9030	332	3.68%	1.0
1st MED GRP-PETERSON	0252	1140	46	4%	1.1
10th MED GROUP-USAF ACAD	0033	7865	394	40%	1.0
7th MED GRP-DPUTY	0078	7139	574	7.14	1.2
55th MED GRP-DAVIS MONT	0010	6614	1067	11.17%	1.1
6th MED GRP-MACDILL	0045	16896	3790	40.8%	1.1
12th MED GRP-RANDOLPH	0366	1724	440	49.3	1.1
17th MED GRP-ROBINS	0051	4124	1176	1267	28.56%	1.1
56th MED GRP-LUKE	0009	11098	3617	4756	32.55%	1.3
2nd MED GRP-SHEPPARD	0113	3244	1116	1528	34.40%	1.4
60th MED GRP-MCCLURE	0326	12931	4496	5050	34.77%	1.1
9th MED GRP-LITTLE ROCK	0013	4620	1900	2133	41.13%	1.1
377th MED GRP-KIRTLAND	0083	6421	3799	5104	59.17%	1.3
2ND MEDICAL GROUP-MAYW	0004	5108	3282	3915	64.29%	1.2
2nd MED GRP-TINKER	0096	6801	4772	5505	70.16%	1.2

Peer Group Comparison

IMPACT

- 54% decrease in CHCS Provider File Errors across the AFMS since Nov 09

Training Opportunities

- M2 – WISDOM – Every other month alternating between Alexandria, VA, and San Antonio, TX
- This event – UBO/UBU Annual Educational Conference (Now the MHS Revenue Cycle Educational Conference)
- TMA Data Quality Course 3x per yr (Mar/May/Sep)
  - Includes a ½-Day Service Break Out Session
  - Held in Alexandria, VA
- Resource Management Conference
  - Last held Nov 10 in San Antonio
- MEPRS Training Course held at Ft. Sam Houston
  - Formal Course, contact your unit training manager
- Tri-Service MEPRS Conference held every other year, next will be conducted FY12

Training Opportunities (continued)

- MEPRS Application Data Improvement (MADI) Training – Online via MEPRS University
- QUEST Workshop – hands-on
- AF Medical Service Accounts annual workshop
  - Tentatively slated for Aug 11 in San Antonio
- DMHRS*i* Training

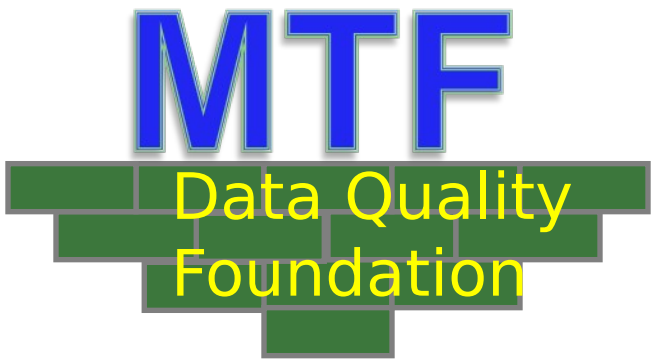
Reminders

- Notifications to afmoa.dq@us.af.mil group box
- Vector Check alerts
- Update Vector Check with MDG/CC, MDG/CV, MDSS/CC, SGA, RMO, NCOIC, DQM Primary and Alternate (key to eDQ)
- Notification of RMO staffing changes also

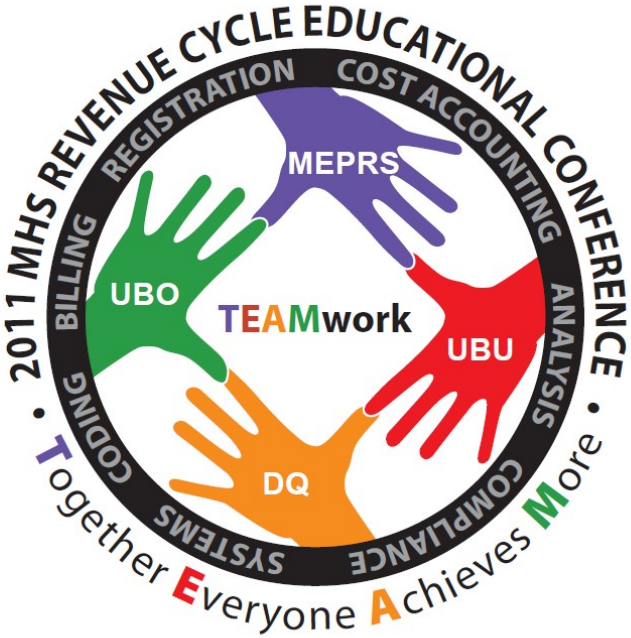
Data Quality Vector Check Link:

- https://vc.afms.mil/afmoa/sga/sgar/sgardq/default.aspx

Open Forum/Questions



Questions?



Title: **DD Form 2569 Audit Training**
AF DQ Guidance

Session: **W-6-1630**

DD Form 2569 Availability

- Question C.8. In a random review of Non-Active Duty medical records/encounters from the data month, looking for the DD Form 2569s (electronic or hardcopy), the UBO staff determined the following percentages for each type of record Inpatient, Outpatient, and APVs:
  - a, c, e) (DQ Statement questions 8a (Inpatient), 8c (Outpatient), 8e (APVs)) What percentage of completed and current (signed within the past 12 months) DD Forms 2569 (TPC Insurance Info) are available for audit? *Source is UBO Manager*

$$\frac{\text{\# of Complete and Current DD Form 2569s Available}}{\text{\# of Non-Active Duty APV Records available from Audit}}$$

- $\geq$ 95% = Green $\geq$ 80% < 95% = Yellow < 80% = Red
  - Comments required for Yellow and Red percentages
  - N/A; C.8.a) Only if outpatient facility; C.8.c) not appropriate for this questions; C.8.e) If outpatient facility with the exception of Academy and Incirlik

DQ Review List/Statement - DD Form 2569 Formulas

- Formula for C8 a, c, and e (2569 Availability)

$$\frac{\text{\# of Complete \& Current DD Form 2569s Available}}{\text{\# of Non-Active Duty Records available from Audit}}$$

Numerator from the Availability formula becomes the denominator for the Accuracy formula

- Formula for C8 b, d, and f (2569 Accuracy)

$$\frac{\text{\# of Correct Entries in the PII Module}}{\text{\# of Complete \& Current DD Form 2569s Available}}$$

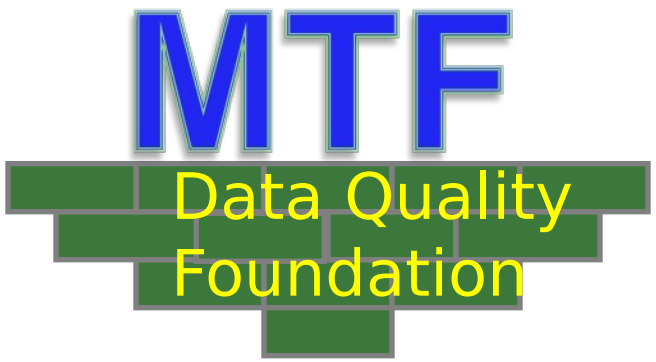
DD Form 2569 Accuracy

- Question C.8. In a random review of Non-Active Duty medical records/encounters from the data month, looking for the DD Form 2569s (electronic or hardcopy), the UBO staff determined the following percentages for each type of record Inpatient, Outpatient, and APVs:
  - b, d, f) (DQ Statement questions 8b (Inpatient), 8d (Outpatient), 8f (APVs)) What percentage of available, current, and complete DD Form 2569s is verified to be correct in the PII module in CHCS? *Source is UBO Manager*

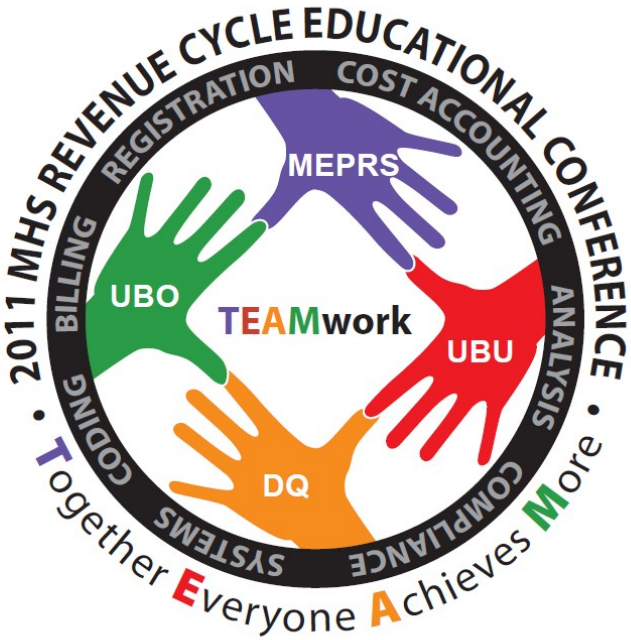
$$\frac{\text{\# of Correct Entries in the PII Module}}{\text{\# of Current and Complete DD Form 2569s Available}}$$

- $\geq$ 95% = Green $\geq$ 80% < 95% = Yellow < 80% = Red
  - Comments required for Yellow and Red percentages
  - N/A; C.8.b) Only if outpatient facility; C.8.d) not appropriate for this question; C.8.f) If outpatient facility with the exception of Academy or OCONUS bases with the exception of Elmendorf

DD Form 2569 Audit Training



Questions?



Title: **BDQAS Completion – AF DQ Guidance**

Session: **W-6-1630**

BDQAS Overview

- More than collecting answers for the DQMC Review List/Statement
- Inpatient Metrics
- Clinical Coding Reports
- DQ Reports
- WWR Metrics
- CHCS Ad Hoc Samples
- Timeliness metrics (MTF rankings)
- Completion metrics (MTF rankings)
  - Open encounters by month and FY

BDQAS Completion

Air Force Patient Informatics Web Server - Windows Internet Explorer

https://bdqas.afms.mil/

Links | Customize Links | eDQ | BDQAS

Air Force Patient Informatics Web Server

Biometric Data Quality Assurance Service

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE),and counterintelligence (CI) investigations.

- At any time, the USG may inspect and seize data stored on this IS.

- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and my be disclosed for any USG-authorized purpose.

- This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.

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Click Continue

BDQAS Completion

Air Force Patient Informatics Web Server

Click Data Metrics

12/14/2010
1:56 P.M.

Program References | Data Metrics

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product lines
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Related PHSD links:

PHSD Knowledge Exchange

Population Health Portal

Biometric Data Quality Assurance Service

Allows greater access empowering key decision makers and delivers policy and guidance information to ensure the quality and timeliness of biometric data.

Announcements

- 9 Sep 10 - Click here for the latest BDQAS status update.
- 10 Feb 10 - New MAJCOM AFGSC (includes Barksdale, FE Warren, Malmstrom, Minot and Whiteman).
- 15 Jan 10 - View or download the latest DoD Extender Codes.
- 11 Nov 09 - Download the latest AFMS Workload Guidelines Version 2.0

BDQAS Data Metrics

Ambulatory Metrics

Outpatient Clinics:

ADM Timeliness Metric: Graphics Text
MTF rankings: Completeness Timeliness
Most improved MTFs
Monthly timeliness reports (new)
Monthly completion reports

APV/OBSV Clinics:

ADM Timeliness Metric Graphics Text
MTF rankings: Completeness
Monthly timeliness reports
Monthly completion reports

Monthly completion reports (drillable)
Completeness rankings: FY07 FY08 FY09 F
Transmission Reports

Inpatient Metrics

Coding Completion Rate
SIDR-WWR Comparison
FY Comparison Reports
Top DRG - Bedded facilities Non-bedded
Top DX - Bedded facilities Non-bedded
Top OP - Bedded facilities Non-bedded
Transmission Reports
Information

Clinical Coding Reports

Primary ICD-9 Analysis
All ICD-9 Analysis
E&M Analysis by Provider Specialty
Primary CPT Analysis
All CPTs Analysis
Coding RVU Reports
6-month historical
RVU by FY

Data Quality Reports

Data Quality Review List / Statement Reports
ADM/AHLTA Usage
SG EGL Look-ahead Reports
Coding Audits File Receipt

WWR Metrics

6-Month Completeness
Information

Online Help Documents

CHCS Ad Hoc Samples

Click on Monthly completion reports (drillable)

Questions/comments can be directed to the bdqas@us.af.mil

AF/SG Data Quality Metrics

Updates/News

- Sep 9 - Latest BDQAS status here.
- Apr 14 - We are now using CY10 RVU values for the 2010 RVU reports.
- Mar 12 - Updated peer group definitions. Read more here.
- Feb 10 - New MAJCOM AFGSC (includes Barksdale, FE Warren, Malmstrom, Minot and Whiteman).

uick overviews

- Ambulatory Metrics
- Inpatient Metrics

BDQAS Completion

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BDQAS Data Metrics

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Data Metrics Menu

Monthly Completion by MAJCOM

Location	FY			
All Bases	08	09	10	11
ACC	08	09	10	11
AETC	08	09	10	11
AFDW	08	09	10	11
AFGSC				
AFMC				
AFSOC	08	09	10	11
AFSPC	08	09	10	11
AMC	08	09	10	11
PACAF	08	09	10	11
USAFA	08	09	10	11
USAFE	08	09	10	11

Select your command

SADR/DOWR Monthly Completion Report

The Monthly SADR/DOWR Completion Report compares CHCS count visits to completed ADM count visits. The compliance percentage is calculated by dividing the total SADR count by the total DOWDR count.

New! - The new monthly reports now attempt to identify the individual records which account for the deltas between SADR and DOWR. This feature is not available at Air Force or MAJCOM level. In addition, we make an estimate of the lost RVU for all uncoded SADRs.

Details

The DOWR is a daily report which gives a total of all "count" appointments, excluding T-cons, for each MEPRS code at an MTF. It is calculated from the CHCS DOWDR file.

The SADR is a daily extract from ADM of all newly completed or updated records. SADR encounters include appointment status of 1 (scheduled appointment), 3 (walk-in), and 4 (sick call), and only "B" MEPRS codes. Also excluded are MEPRS codes B**9, BP**, CHCS II training clinics (BZZZ and BTST), and appointment disposition code of "5" (left without being seen).

Effective 1 Jan 05, AFMSA receives the DOWDR (Daily Outpatient Workload Detailed Report) which is comprised of individual appointment information, to include the workload type of "Count" or "Non-count". Appointment workload type is now checked against the DOWR to determine if the encounter is "Count" versus "Non-count" and provide a more accurate metric.

Effective 1 April 05, the Monthly Completion Report will display SADR/DOWR compliance rate at the 2-level and 4-level MEPRS codes. Remember that effective 1 Jan 05, the appointment workload type is checked against the DOWR to determine if the encounter is "Count" versus "Non-count" and provide a more accurate metric.

Any new SADR records submitted will be reflected in the totals. While we encourage timeliness of data, we also encourage completeness, and this is the one metric where you can see the results of any effort to complete old records. We currently update the current fiscal year daily, and the previous fiscal year weekly.

BDQAS Completion

Links | Customize Links | eDQ | BDQAS

BDQAS Data Metrics

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Data Metrics Menu

Monthly Completion by Base

back to Air Force

Location	FY
AFSOC	
Cannon	
Hurlburt Field	

Select your Base

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BDQAS Completion

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BDQAS Data Metrics

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Data Metrics Menu

Monthly Completion by 2-Level MEPR

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back to AFSOC

Location	FY			
Cannon	08	09	10	11
BA (Medical Care)	08	09	10	11
BC (Ob & Gyn)	08	09	10	11
BD (Pediatrics)	08	09	10	11
BF (Mental Health)	08	09	10	11
BG (Family Practice)	08	09	10	11
BH (Primary Medical)	08	09	10	11
BJ (Flight Medicine)	08	09	10	11
BL (Rehabilitation)	08	09	10	11

Select FY by MTF or by individual clinic

SADR/DOWR Monthly Completion Report

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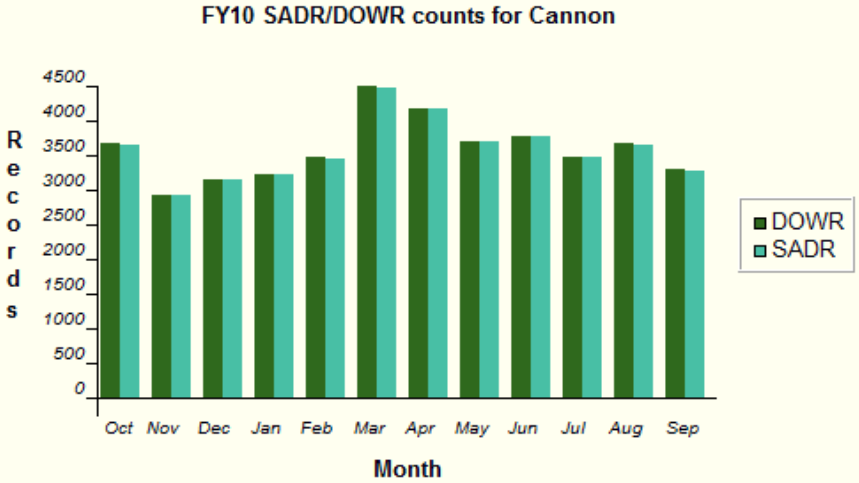
BDQAS Completion

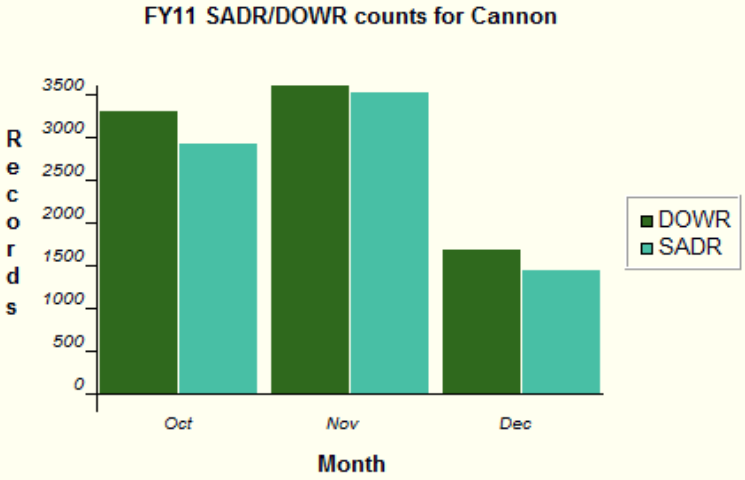


Values are based on data received through Dec 14, 2010 11:46:48.

FY10	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
DOWR	3,691	2,957	3,181	3,262	3,493	4,518	4,208	3,729	3,801	3,510	3,692	3,333	43,375
SADR	3,685	2,950	3,169	3,251	3,477	4,505	4,207	3,727	3,793	3,499	3,685	3,299	43,247
Delta	-6	-7	-12	-11	-16	-13	-1	-2	-8	-11	-7	-34	-128
Pct	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%
Delta Analysis													
Data Inconsistencies	0	0	0	0	0	0	0	0	0	0	0	0	0
Incorrect Wkld	0	0	0	0	0	1	0	0	1	7	2	6	17
No SADR	6	7	12	11	16	12	1	2	7	4	5	28	111
Est RVUs	6.42	7.56	13.08	12.98	18.40	14.04	1.14	2.22	7.63	4.24	5.30	29.40	122.41

To request a delta report, click on the number in the "Delta" row for the desired month.

BDQAS Completion



Values are based on data received through Dec 14, 2010 10:45:17.

FY11	Oct	Nov		
DOWR	3,366	3,667		
SADR	2,978	3,595		
Delta	-388	-72		
Pct	88%	98%		
Delta Analysis				
Data Inconsistencies	0	0		0
Incorrect Wkld	13	4		17
No SADR	375	68		683
Est RVUs	408.75	76.16	268.6	753.71

To get a detailed listing of the open encounters, click on the number for each month that has open encounters.

To request a delta report, click on the number in the "Delta" row for the desired month.

BDQAS Completion

Delta report request for Cannon - Message (Plain Text)

Message | Insert | Options | Format Text | Developer

Paste | Cut | Copy | Format Painter | Clipboard | 10.5 | Basic Text | Address Book | Check Names | Names | Attach File | Attach Item | Business Card | Calendar | Signature | Include | Follow Up | Permission | High Importance | Low Importance | Sign | Encrypt | Options | Spelling | Proofing

Send

From...

To... AFMSA/SG6H BDQAS

Cc...

Subject: Delta report request for Cannon

```
Month: 201011
DMIS: 0085
MEPRS: All
Last update: Dec 14, 2010 10:45:17

************
Please enter your POC information or signature block
************
```

NOTE: If you want an entire FY or several months from current FY, you can tailor this e-mail to request more than the one month previously selected. BDQAS will send you a detailed file of the open encounters.

Research and Corrections

- Who does the research?
  - Clinic Staff (i.e., NCOIC of department), GPM, Systems, DQ Manager, DQ Team, or locally appointed personnel
- Write-back errors
  - Correct problem that created error
  - Trouble ticket
- Provider close encounter
- Incorrect Workload
- Impact: Workload/RVUs

FY10 Completeness Rankings

SADR/DOWR FY10 Completeness Rankings							
Rank	DMIS	Location	MAJCOM	SADR	DOWR	Difference	Pct
1	0046	Patrick	AFSPC	54,898	54,902	-4	99.99
1	0364	Goodfellow	AETC	32,700	32,703	-3	99.99
1	0097	Altus	AETC	20,943	20,945	-2	99.99
4	0106	Ellsworth	ACC	47,580	47,590	-10	99.98
5	0119	Hill	AFMC	87,830	87,894	-64	99.93
6	0059	McConnell	AMC	51,009	51,068	-59	99.88
7	0043	Tyndall	AETC	60,653	60,742	-89	99.85
8	0051	Robins	AFMC	67,635	67,787	-152	99.78
9	0287	Hickam	PACAF	48,976	49,108	-132	99.73
10	0085	Cannon	AFSOC	43,247	43,375	-128	99.70
11	0078	Offutt	ACC	134,957	135,402	-445	99.67
12	0114	Laughlin	AETC	18,755	18,826	-71	99.62
12	0129	F.E. Warren	AFGSC	47,233	47,412	-179	99.62
14	0018	Vandenberg	AFSPC	31,770	31,893	-123	99.61
14	0053	Mountain Home	ACC	58,646	58,876	-230	99.61
16	0637	Kunsan	PACAF	12,064	12,112	-48	99.60
17	0083	Kirtland	AFMC	56,352	56,600	-248	99.56
18	0077	Malmstrom	AFGSC	36,666	36,836	-170	99.54
19	0084	Holloman	ACC	39,360	39,551	-191	99.52
20	0112	Dyess	ACC	44,173	44,391	-218	99.51
21	0090	Seymour Johnson	ACC	46,238	46,504	-266	99.43
22	0638	Osan	PACAF	44,215	44,492	-277	99.38
23	0335	Pope	AMC	25,350	25,522	-172	99.33
24	0248	Los Angeles	AFSPC	28,610	28,813	-203	99.30
25	0338	Vance	AETC	15,779	15,897	-118	99.26
26	0062	Barksdale	AFGSC	55,930	56,363	-433	99.23
26	0252	Peterson	AFSPC	85,908	86,575	-667	99.23
28	0045	Macdill	AMC	138,915	140,101	-1,186	99.15
28	0629	Lajes Fld	USAFE	9,897	9,982	-85	99.15
30	1271	Creech	ACC	2,597	2,620	-23	99.12
31	0113	Sheppard	AETC	85,683	86,481	-798	99.08
32	0366	Randolph	AETC	85,961	86,833	-872	99.00
33	7200	Buckley	AFSPC	34,037	34,387	-350	98.98
34	0055	Scott	AMC	120,798	122,111	-1,313	98.92
35	0395	McChord	AMC	15,425	15,603	-178	98.86
36	0633	RAF Lakenheath	USAFE	108,586	109,845	-1,259	98.85
37	0326	McGuire	AMC	76,109	77,046	-937	98.78
37	0101	Shaw	ACC	43,163	43,696	-533	98.78
37	0009	Luke	AETC	119,470	120,950	-1,480	98.78
40	0640	Yokota	PACAF	45,857	46,460	-603	98.70

FY10 Completeness Rankings

41	0074	Columbus	AETC	20,532	20,823	-291	98.60
42	0019	Edwards	AFMC	37,447	37,982	-535	98.59
43	0413	Bolling	AFDW	25,288	25,671	-383	98.51
43	0128	Fairchild	AMC	45,774	46,468	-694	98.51
45	0050	Moody	ACC	47,350	48,069	-719	98.50
46	0076	Whiteman	AFGSC	41,353	41,995	-642	98.47
47	7139	Hurlburt Field	AFSOC	76,726	77,969	-1,243	98.41
48	0095	Wright-Patterson	AFMC	275,469	279,999	-4,530	98.38
49	0010	Davis Monthan	ACC	80,608	82,009	-1,401	98.29
50	0042	Eglin	AFMC	221,237	225,384	-4,147	98.16
51	0006	Elmendorf	PACAF	236,318	241,335	-5,017	97.92
52	0356	Charleston	AMC	49,224	50,309	-1,085	97.84
53	0015	Beale	ACC	35,735	36,547	-812	97.78
54	0033	USAF Academy	USAFA	167,171	171,027	-3,856	97.75
55	0203	Eielson	PACAF	21,118	21,651	-533	97.54
56	0120	Langley	ACC	202,391	207,663	-5,272	97.46
57	0802	Andersen	PACAF	29,732	30,509	-777	97.45
58	0635	Incirlik	USAFE	20,524	21,106	-582	97.24
59	0073	Keesler	AETC	193,208	198,985	-5,777	97.10
60	0310	Hanscom	AFMC	17,314	17,850	-536	97.00
61	0096	Tinker	AFMC	102,459	105,690	-3,231	96.94
62	0805	Spangdahlem	USAFE	39,466	40,757	-1,291	96.83
63	0804	Kadena	PACAF	60,965	63,322	-2,357	96.28
64	0806	Ramstein	USAFE	79,435	82,532	-3,097	96.25
65	0808	Aviano	USAFE	48,296	50,293	-1,997	96.03
66	0014	Travis	AMC	277,827	289,631	-11,804	95.92
67	0079	Nellis	ACC	229,497	239,927	-10,430	95.65
68	0117	Lackland	AETC	632,657	665,679	-33,022	95.04
69	0094	Minot	AFGSC	47,087	49,809	-2,722	94.54
70	0036	Dover	AMC	46,846	49,625	-2,779	94.40
71	0093	Grand Forks	AMC	20,863	22,121	-1,258	94.31
72	0653	RAF Croughton	USAFE	4,208	4,468	-260	94.18
73	0004	Maxwell	AETC	73,717	78,521	-4,804	93.88
74	0799	Geilenkirchen	USAFE	8,926	9,628	-702	92.71
75	0066	Andrews	AFDW	190,230	205,876	-15,646	92.40
76	0013	Little Rock	AMC	52,936	57,362	-4,426	92.28
77	0639	Misawa	PACAF	47,995	53,403	-5,408	89.87
78	7234	RAF Menwith Hill	USAFE	4,908	5,510	-602	89.07
79	0814	RAF Upwood	USAFE	6,452	7,379	-927	87.44
80	1350	Lackland - 37th MDG	AETC	50	114	-64	43.86

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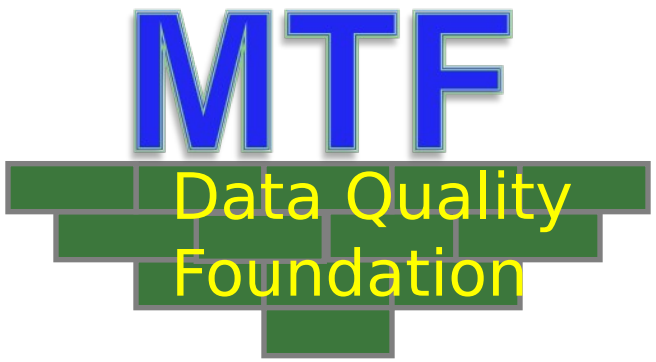
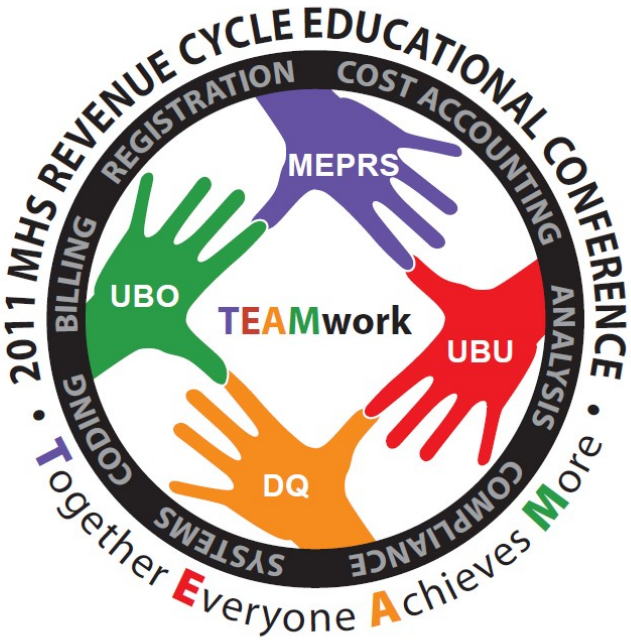
BDQAS Completion Training



Questions?



Title: **BDQAS Reports & Timeliness – AF DQ Guidance**

Session: **W-6-1630**

BDQAS Overview

- What is BDQAS?
- BDQAS Contents
- BDQAS Benefits
- BDQAS Compliance (Timeliness/Completeness metrics)
- BDQAS Monthly Timeliness Report
- DQMC Review List B.6.a./Review List 2a
- DQMC Review List B.6.b/Review List 2b
- Compliance Benefits
- BDQAS Hyperlink

What Is BDQAS?

- The Biometric Data Quality Assurance Service (BDQAS) was developed to monitor the timeliness and completeness of the:
  - Standard Ambulatory Data Record (SADR)
  - Standard Inpatient Data Record (SIDR)
  - Worldwide Workload Report (WWR)
- BDQAS metrics objectively demonstrate the performance of the MTFs and MAJCOMs in submission of timely and complete data
- BDQAS metrics identify potential problem areas that require leadership action

BDQAS Contents

- More than collecting answers for the DQMC Review List/Statement
- Inpatient Metrics
- Clinical Coding Reports
- DQ Reports
- WWR Metrics
- CHCS Ad Hoc Samples
- Timeliness metrics (MTF rankings)
- Completion metrics (MTF rankings)
  - Open encounters by month and FY

BDQAS Benefits

- How is this data useful?
  - Help identify clinics that are non-compliant in timeliness and completeness of SADRs
  - Prompts staff to run required reports to prevent non-compliance stats being reported on BDQAS
    - Appointments with No ADM Records by Clinic
  - Opportunity to improve your percentages reported on the DQMC Review List and Statement

BDQAS Reports

Click on Data Metrics tab

1/21/2011
9:18 A.M.

Program References | Data Metrics

Main Menu

home
directory
product lines
contact us

Related PHSD links:

PHSD Knowledge Exchange

Population Health Portal

Biometric Data Quality Assurance Service

Allows greater access empowering key decision makers and delivers policy and guidance information to ensure the quality and timeliness of biometric data.

Announcements

- 9 Sep 10 - Click here for the latest BDQAS status update.
- 10 Feb 10 - New MAJCOM AFGSC (includes Barksdale, FE Warren, Malmstrom, Minot and Whiteman).
- 15 Jan 10 - View or download the latest DoD Extender Codes.
- 11 Nov 09 - Download the latest AFMS Workload Guidelines Version 2.0

BDQAS Reports

Biometric Data Quality Assurance Service

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.

- At any time, the USG may inspect and seize data stored on this IS.

- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and my be disclosed for any USG-authorized purpose.

- This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.

Continue

Click on Continue

BDQAS Reports

Ambulatory Metrics
Outpatient Clinics:
ADM Timeliness Metric: Graphics
MTF rankings: Completeness Timeli
Most improved MTFs
Monthly timeliness reports (new)
Monthly completion reports

APV/OBSV Clinics:
ADM Timeliness Metric Graphics Text
MTF rankings: Completeness
Monthly timeliness reports
Monthly completion reports

Monthly completion reports (drillable)
Completeness rankings: FY08 FY09 FY10 FY11
Transmission Reports

Click on Graphics

Inpatient Metrics
Coding Completion Rate
SIDR-WWR Comparison
FY Comparison Reports
Top DRG - Bedded facilities Non-bedded
Top DX - Bedded facilities Non-bedded
Top OP - Bedded facilities Non-bedded
Transmission Reports
Information

Clinical Coding Reports
Primary ICD-9 Analysis
All ICD-9 Analysis
E&M Analysis by Provider Specialty
Primary CPT Analysis
All CPTs Analysis
Coding RVU Reports
6-month historical
RVU by FY

Data Quality Reports
Data Quality Review List / Statement Reports
ADM/AHLTA Usage
SG EGL Look-ahead Reports
Coding Audits File Receipt

WWR Metrics
6-Month Completeness
Information

Online Help Documents
CHCS Ad Hoc Samples

Questions/comments can be directed to the bdqas@us.af.mil

AF/SG Data Quality Metrics

Updates/News

- Sep 9 - Latest BDQAS status here.
- Apr 14 - We are now using CY10 RVU values for the 2010 RVU reports.
- Mar 12 - Updated peer group definitions. Read more here.
- Feb 10 - New MAJCOM AFGSC (includes Barksdale, FE Warren, Malmstrom, Minot and Whiteman).

Quick overviews

- Ambulatory Metrics
- Inpatient Metrics

BDQAS Reports

ADM Completion by MAJCOM

Data Metrics Menu

ADM Completion by MAJCOM

	Timeliness				Completeness			
Location	Pct	Light	SADR	DOWR	Pct	Light	SADR	DOWR
USAF	87		20,940	24,026	95		302,712	319,595
All Bases	87		20,940	24,026	95		302,712	319,595
ACC	94		4,084	4,494	96		54,501	56,666
AETC	72		2,663	3,676	93		61,473	65,985
AFD			950	1,109	87		10,790	12,426
AF			878	907	96		11,785	12,218
			3,299	3,810	97		44,309	45,847
AFSOC			574	622	97		6,839	7,036
AFSPC			833	869	98		12,558	12,862
AMC			22	3,887	94		45,892	49,030
PACAF	8		2,163	2,437	95		28,233	29,876
USAFA	94		659	702	98		7,997	8,199
USAFE	94		1,415	1,513	94		18,335	19,450
Date Range	01/14 - 01/17				12/22 - 01/13			

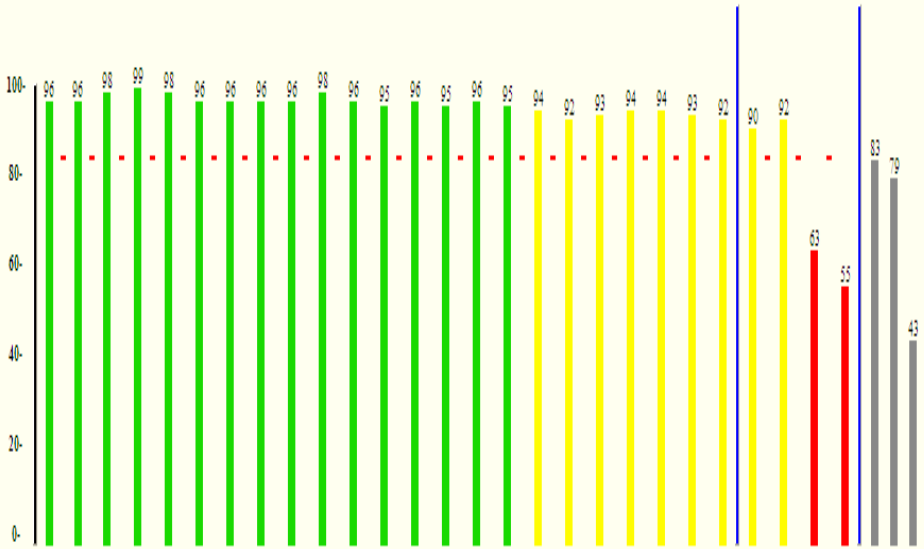
Select the MAJCOM

LEGEND

- 95% - 100%
- 85% - 94%
- Below 85%
- Above 100%

Last Database Load: 01/21 07:55

Air Force Compliance



Last Database Load: 01/21 07:55 ---- Click here for text version

The bars between the two blue lines are used for the Timeliness metric. The 23 bars to the left of these are used for the Completeness metric. The gray bars to the right represent the 3-business day grace period, and are not part of any metric. Click here for more info

BDQAS Reports

Base Level Compliance

Data Metrics Menu

ADM Completion by Base

back to Air Force

	Timeliness				Completeness			
Location	Pct	Light	SADR	DOWR	Pct	Light	SADR	DOWR
AETC	72		2,663	3,676	93		61,473	65,985
Altus	98		106	108	100		1,091	1,095
Columbus	98		83	85	95		803	844
Goodfellow	93		101	109	100		1,672	1,675
Keesler	74		585	789	91		8,546	9,378
Lac[illegible]	[illegible]		366	1,052	91		29,120	31,955
L[illegible]	[illegible]		58	59	97		883	908
[illegible]	[illegible]		549	570	97		6,069	6,270
Maxwell	[illegible]		228	265	90		2,352	2,610
Randolph	[illegible]		0	1	95		4,104	4,306
Sheppard	[illegible]		[illegible]86	295	99		3,236	3,267
Tyndall	[illegible]		243	274	97		2,802	2,876
Vance	86		59	69	99		795	801
Date Range	01/14 - 01/17				12/22 - 01/13			

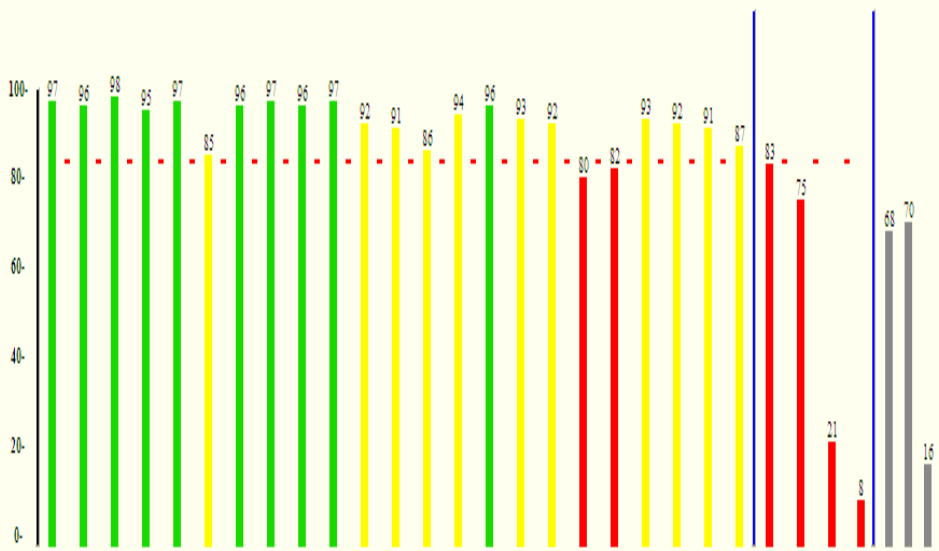
Select the base

LEGEND

- 95% - 100%
- 85% - 94%
- Below 85%
- Above 100%

Last Database Load: 01/21 07:55

AETC Compliance



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BDQAS Reports

MTF 2-Level by MEPR Compliance

Data Metrics Menu

ADM Completion by 2-Level MEPR

back to Air Force

back to AETC

Location	Timeliness Pct	Light	SADR	DOWR	Completeness Pct	Light	SADR	DOWR
Keesler	74		585	789	91		8,546	9,378
BA (Medical Care)	79		95	120	94		1,430	1,515
BB (Surgical Care)	83		54	65	94		852	903
BC (Obstetrical & Gynecological)	88		43	49	95		677	713
BD (Pediatrics)	97		32	33	98		672	684
BE (Orthopaedic)	47		8	17	69		327	477
BF (Psychiatric/Mental Health Care)	77		17	22	94		234	250
BG (Family Practice Care)	88		58	66	98		1,580	1,618
BH (Pri Medical Care)	100		26	26	99		344	347
BI (En	51		143	278	78		1,329	1,714
BJ	96		79	82	87		379	434
B Rehabil	97		30	31	100		722	723
Date Range	01/14 - 01/17				12/22 - 01/13			

Select the location

LEGEND

- 95% - 100%
- 85% - 94%
- Below 85%
- Above 100%

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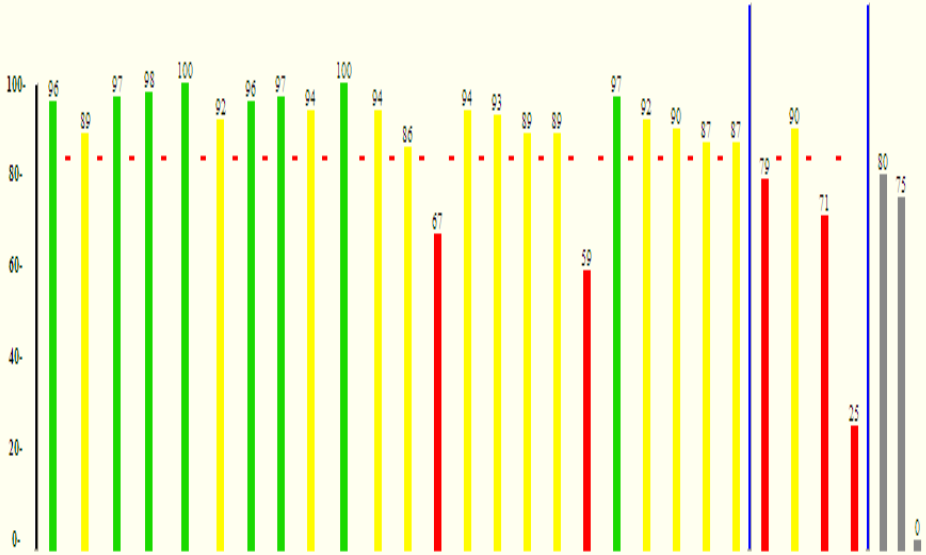
Keesler Compliance



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BDQAS Reports

MTF 4-Level by MEPR Compliance

Data Metrics Menu

ADM Completion by 4-Level MEPR

back to Air Force

back to AETC

back to Keesler

	Timeliness				Completeness			
Location	Pct	Light	SADR	DOWR	Pct	Light	SADR	DOWR
BG (Family Practice Care)	94		150	159	97		1,489	1,534
BGAB	100		18	18	98		198	202
BGAC	97		28	29	100		284	284
BGAD	100		24	24	99		330	332
BGAE	100		32	32	100		276	276
BGAF	0		0	7	37		22	60
BGAM	97		35	36	100		275	276
BGAZ	100		13	13	100		104	104
Date Range	01/17 - 01/18				12/25 - 01/16			

LEGEND

- 95% - 100%
- 85% - 94%
- Below 85%
- Above 100%

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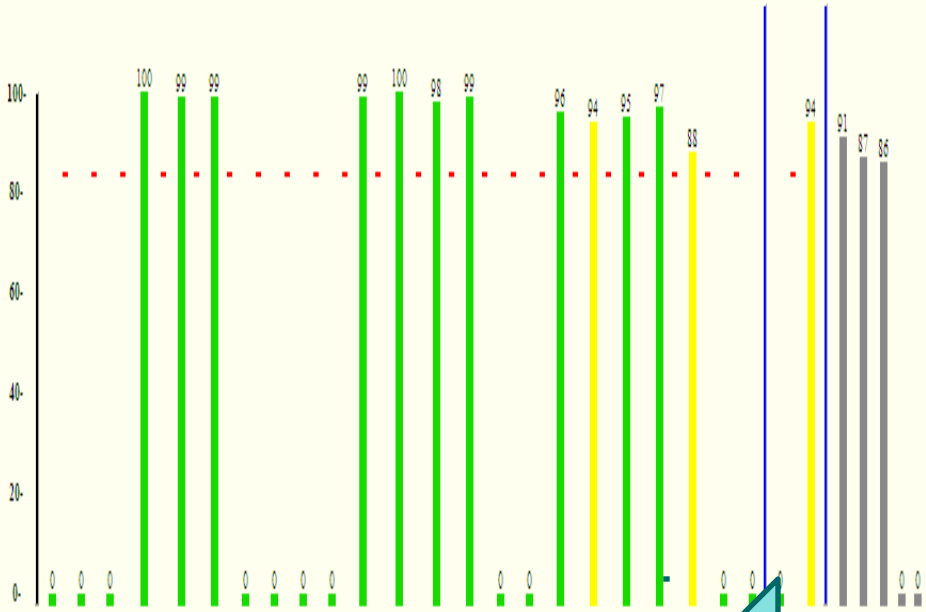
Keesler (Family Practice Care) Compliance



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Click here to display text version

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BDQAS Reports

(Text Version)

Data Metrics Menu

ADM Completion by 2-Level MEPR

back to Air Force

back to AETC

Location	Timeliness Pct	Light	SADR	DOWR	Completeness Pct	Light	SADR	DOWR
Keesler	74		582	786	91		8,533	9,365
BA (Medical Care)	79		94	119	94		1,429	1,514
BB (Surgical Care)	83		54	65	94		852	903
BC (Obstetrical & Gynecological)	87		41	47	95		665	701
BD (Pediatrics)	97		32	33	98		672	684
BE (Orthopaedic)	47		8	17	69		327	477
BF (Psychiatric/Mental Health Care)	77		17	22	94		234	250
BG (Family Practice Care)	88		58	66	98		1,580	1,618
BH (Primary Medical Care)	100		26	26	99		344	347
BI (Emergency Medical Care)	51		143	278	78		1,329	1,714
BJ (Flight Medicine)	96		79	82	87		379	434
BL (Rehabilitative Ambulatory Serv)	97		30	31	100		722	723
Date Range	01/14 - 01/17				12/22 - 01/13			

LEGEND

- 95% - 100%
- 85% - 94%
- Below 85%
- Above 100%

Last Database Load: 01/21 14:05

Keesler Compliance

Day	Appt Date	Weekday	SADR	DOWR	Delta	Pct
t - 30	12/22/2010	Wed	543	568	-25	96
t - 29	12/23/2010	Thu	289	326	-37	89
t - 28	12/24/2010	Fri	67	69	-2	97
t - 27	12/25/2010	Sat	53	54	-1	98
t - 26	12/26/2010	Sun	58	58	0	100
t - 25	12/27/2010	Mon	90	98	-8	92
t - 24	12/28/2010	Tue	494	513	-19	96
t - 23	12/29/2010	Wed	485	499	-14	97
t - 22	12/30/2010	Thu	410	435	-25	94
t - 21	12/31/2010	Fri	67	67	0	100
t - 20	01/01/2011	Sat	62	66	-4	94
t - 19	01/02/2011	Sun	60	70	-10	86
t - 18	01/03/2011	Mon	86	128	-42	67
t - 17	01/04/2011	Tue	872	930	-58	94
t - 16	01/05/2011	Wed	779	842	-63	93
t - 15	01/06/2011	Thu	811	907	-96	89
t - 14	01/07/2011	Fri	295	332	-37	89
t - 13	01/08/2011	Sat	47	80	-33	59
t - 12	01/09/2011	Sun	76	78	-2	97
t - 11	01/10/2011	Mon	796	861	-65	92
t - 10	01/11/2011	Tue	753	840	-87	90
t - 9	01/12/2011	Wed	752	869	-117	87
t - 8	01/13/2011	Thu	588	675	-87	87
Total	Completeness	23 days	8,533	9,365	-832	91
Days t-30 through t-8 (a total of 23 days) are included in the second stoplight calculations. This is the measure of completeness.						
t - 7	01/14/2011	Fri	460	583	-123	79
t - 6	01/15/2011	Sat	55	61	-6	90
t - 5	01/16/2011	Sun	49	69	-20	71
t - 4	01/17/2011	Mon	18	73	-55	25
Total	Timeliness	4 days	582	786	-204	74
Days t-7 through t - 4 (a total of 4 days) are included in the first stoplight calculations. This is the measure of timeliness.						
t - 3	01/18/2011	Tue	772	965	-193	80
t - 2	01/19/2011	Wed	645	859	-214	75
t - 1	01/20/2011	Thu	587	1,001	-414	59

Last Database Load: 01/21 14:06 ----- Click here for graphics version

Note: When there are no appointments on weekends, the percent is denoted as "n/a".

BDQAS Timeliness

Ambulatory Metrics

Outpatient Clinics:

ADM Timeliness Metric: Graphics Text
MTF rankings: Completeness Timeliness
Most improved MTFs
Monthly timeliness reports (new)
Monthly completion reports

APV/OBSV Clinics:

ADM Timeliness Metric Graphics Text
MTF rankings: Completeness
Monthly timeliness reports
Monthly completion reports

Monthly completion reports (drillable)
Completeness rankings: FY08 FY09 FY10 FY11
Transmission Reports

Inpatient Metrics

Coding Completion Rate
SIDR-WWR Comparison
FY Comparison Reports
Top DRG - Bedded facilities Non-bedded
Top DX - Bedded facilities Non-bedded
Top OP - Bedded facilities Non-bedded
Transmission Reports
Information

Clinical Coding Reports

Primary ICD-9 Analysis
All ICD-9 Analysis
E&M Analysis by Provider Specialty
Primary CPT Analysis
All CPTs Analysis
Coding RVU Reports
6-month historical
RVU by FY

Data Quality Reports

Data Quality Review List / Statement Reports
ADM/AHLTA Usage
SG EGL Look-ahead Reports
Coding Audits File Receipt

WWR Metrics

6-Month Completeness
Information

Online Help Documents

CHCS Ad Hoc Samples

Click on Monthly timeliness reports (new)

Questions/comments can be directed to the bdqas@us.af.mil

AF/SG Data Quality Metrics

es/News

- Sep 9 - Latest BDQAS status here.
- Apr 14 - We are now using CY10 RVU values for the 2010 RVU reports.
- Mar 12 - Updated peer group definitions. Read more here.
- Feb 10 - New MAJCOM AFGSC (includes Barksdale, FE Warren, Malmstrom, Minot and Whiteman).

Quick overviews

- Ambulatory Metrics
- Inpatient Metrics

BDQAS Timeliness

Data Metrics Menu

Monthly Timeliness for AFMS

Base	Jul	Aug	Sep	Oct	Nov	Dec
AF Academy	87	88	82	89	89	94
Altus	99	99	n/a	100	100	99
Andersen					96	96
Andrews					78	81
Aviano					93	94
Barksdale	90	85	92	89	90	91
Beale	98	99	98	93	95	94
Bolling	93	93	96	86	84	86
Buckley	100	100	90	90	92	98
Cannon	97	95	n/a	79	94	95
Charleston	95	96	95	90	87	96
Columbus	96	97	n/a	97	96	92
Creech	99	100	n/a	64	87	95
Davis-Monthan	94	92	96	91	92	93
Dover	88	80	96	95	95	95
Dyess	94	96	96	94	95	96
Edwards	98	98	98	93	92	95
Eglin	87	84	n/a	86	90	88
Eielson	93	91	94	95	94	97
Ellsworth	99	98	99	97	99	98
Elmendorf	72	80	89	90	87	87
F.E. Warren	96	97	n/a	98	96	98
Fairchild	96	97	n/a	97	95	97
Geilenkirchen	91	78	89	86	84	91
Goodfellow	95	99	n/a	97	96	99
Grand Forks	94	93	n/a	80	68	89
Hanscom	81	89	n/a	93	95	94
Hickam	96	96	96	94	97	96
Hill	99	98	n/a	97	99	98
Holloman	90	86	98	95	93	97
Hurlburt	95	95	n/a	89	92	89
Incirlik	96	98	96	92	95	92

Select the base

SADR/DOWR monthly timeliness metrics

These metrics display point-in-time timeliness percentages for each day in the month for each DMIS. APV/OBSV clinics are not included in the calculations. The compliance percentage is calculated by dividing the ADS "count" total by the DOWR.

The Details

This metric is an approximation to the question "what percentage of records were completed within three business days". Since our daily timeliness metric is a floating window of anywhere between one and four days, it cannot be an exact answer to the question.

The only exact answer could be found by comparing the appointment date to the first extract date. However, since the ADM record can be updated, the record is replaced in the database and we do not keep track of the first time a record was extracted.

None of our metrics consider the extract date. This puts pressure on the sites to make sure the data is transmitted without failure, as one day can make a big difference in the results. It also puts pressure on us to make sure the data is received and loaded properly into the database. There are, of course, events beyond our control that can also negatively impact file transmission and receipt. The floating window helps mitigate some of these possible negative impacts.

Our metrics are normally updated three times daily (approximately 0630, 1130 and 1830 CST). These daily point-in-time snapshots are always based on the latest version, so each site will get the best possible percentage. For example, if your SADR file missed the cutoff for the morning and your metric showed 90%, but the evening run included the file and your metric raised to 94%, it will be the 94% that goes into the "permanent" snapshot.

The overall "weighted average percentage" is calculated by summing up all the SADR and dividing by all the DOWR (as opposed to simply averaging the daily numbers). Because of the floating windows, the total SADR and DOWR will exceed the actual SADR and DOWR.

BDQAS Timeliness

Data Metrics Menu

Monthly Timeliness for Andrews

MEPRS	Jul	Aug	Sep	Oct	Nov	Dec
Andrews	84	85	86	81	78	81
BAAA	91	93	95	90	93	97
BABA	24	18	26	23	26	29
BACA	2	0	0	14	22	28
BAEA	0	0	0	0	0	0
BAGA	64	54	51	57	53	59
BAKA	97	78	87	85	86	88
BALA	97	97	97	99	99	99
BANA	78	78	79	78	99	98
BAPA	99	92	98	97	97	98
BBAA	99	97	97	74	78	96
BBDA	98	91	97	99	98	96
BBDL	95	90	98	96	96	92
BBFA	97	93	83	78	87	58
BBIA	98	100	96	94	96	99
BBKA	0	0	n/a	n/a	n/a	n/a
BBLB	88	95	86	68	52	77
BCBA	87	93	85	78	75	85
BCCW	0	n/a	n/a	n/a	n/a	n/a
BDAA	71	73	72	53	44	45
BEAA	97	89	97	93	71	85
BEDA	100	100	100	100	100	100
BEFA	92	95	99	99	100	98
BFAA	64	72	70	81	67	n/a
BFBA	71	72	82	81	68	68
BFDA	n/a	n/a	n/a	76	75	76
BFEA	68	90	70	77	61	5
BFFA	90	92	92	77	66	53
BGAA	78	93	83	71	85	92
BGAB	97	92	96	87	93	96
BGAC	89	83	94	87	92	95
BGAD	38	12	85	53	52	77
BGAE	64	53	44	59	40	44
BGAF	99	98	94	95	94	99
BGAM	62	71	93	84	78	93
BGAN	80	73	91	76	81	82
BGAZ	78	100	100	97	97	100
BHCA	99	99	93	100	100	100
BHDA	77	68	97	86	72	78
BIAA					97	96
BJAA					54	58
BJAF					92	89
BLAA	97	2	98	97	99	97
BLBA	94	94	98	89	92	91

Select the clinic

SADR/DOWR monthly timeliness metrics

These metrics display point-in-time timeliness percentages for each day in the month for each DMIS. APV/OBSV clinics are not included in the calculations. The compliance percentage is calculated by dividing the ADS "count" total by the DOWR.

The Details

This metric is an approximation to the question "what percentage of records were completed within three business days". Since our daily timeliness metric is a floating window of anywhere between one and four days, it cannot be an exact answer to the question.

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BDQAS Timeliness

Data Metrics Menu

Monthly Timeliness for Andrews

MEPRS	Jul	Aug	Sep	Oct	Nov	Dec
Andrews	84	85	86	81	78	81
BAAA	91	93	95	90	93	97
BABA	22	18	28	23	26	30
BACA	2	0	0	11	22	26
BAEA	0	0	0	0	0	0
BAGA	64	54	51	57	53	58
BAKA	97	78	87	85	86	83
BALA	97	97	97	99	99	99
BANA	79	78	78	78	99	98
BAPA	99	92	98	97	97	98
BBAA	99	97	97	74	78	96
BBDA	98	91	97	99	98	96
BBDL	95	90	98	96	96	92
BBFA	97	93	88	79	67	58
BBIA	98	100	96	94	96	99
BBKA	0	0	n/a	n/a	n/a	n/a
BBLB	88	95	86	68	52	77
BCBA	87	93	85	78	78	85
BCCW	0	n/a	n/a	n/a	n/a	n/a
BDAA	71	73	72	53	44	43
BEAA	97	89	97	93	71	85
BEDA	100	100	100	100	100	100
BEFA	92	95	99	99	100	98
BFAA	64	72	70	81	67	n/a
BFBA	71	74	82	81	68	68
BFDA	n/a	n/a	n/a	76	72	76
BFEA	60	90	70	77	61	5
BFFA	90	92	92	77	66	53
BGAA	76	93	68	71	85	92
BGAB	97	92	96	87	93	96
BGAC	89	88	94	87	92	95
BGAD	38	12	85	53	52	77
BGAE	64	53	40	59	40	44
BGAF	99	98	94	95	94	99
BGAM	69	71	93	84	78	93
BGAN	80	73	91	76	81	82
BGAZ	79	100	100	97	97	100
BHCA	99	99	93	100	100	100
BHDA	77	68	97	86	72	79
BIAA	95	95	96	96	97	96
BJAA	58	51	68	69	54	58
BJAF	84	94	92	94	92	89
BLAA	97	99	98	97	99	97
BLBA	94	94	98	89	92	91

Daily timeliness stats are broken down by clinic

November 2010 Timeliness for Andrews AFB , clinic BJAA

Weighted average percentage - 54.37

Day	Data Range	SADR	DOWR	Pct
November 02	10/26-10/27	24	46	52.17
November 03	10/27-10/28	15	30	50.00
November 04	10/28-10/31	15	36	41.67
November 05	10/29-11/01	26	44	59.09
November 06	10/30-11/02	40	60	66.67
November 07	10/31-11/02	40	60	66.67
November 08	11/01-11/02	40	60	66.67
November 09	11/02-11/03	36	44	81.82
November 10	11/03-11/04	21	51	41.18
November 11	11/04-11/07	43	72	59.72
November 12	11/05-11/07	31	32	96.88
November 13	11/06-11/08	19	23	82.61
November 14	11/07-11/08	19	23	82.61
November 15	11/08-11/08	19	23	82.61
November 16	11/09-11/09	20	29	68.97
November 17	11/10-11/11	10	58	17.24
November 18	11/11-11/14	14	72	19.44
November 19	11/12-11/15	35	56	62.50
November 20	11/13-11/16	46	55	83.64
November 21	11/14-11/16	45	54	83.33
November 22	11/15-11/16	45	54	83.33
November 23	11/16-11/17	31	64	48.44
November 24	11/17-11/18	19	56	33.93
November 25	11/18-11/21	31	70	44.29
November 26	11/19-11/21	19	51	37.25
November 27	11/20-11/22	17	56	30.36
November 28	11/21-11/22	17	56	30.36
November 29	11/22-11/22	17	56	30.36
November 30	11/23-11/23	23	38	60.53

BDQAS APV/OBSV Timeliness

Ambulatory Metrics
Outpatient Clinics:
ADM Timeliness Metric: Graphics Text
MTF rankings: Completeness Timeliness
Most improved MTFs
Monthly timeliness reports (new)
Monthly completion reports

APV/OBSV Clinics:
ADM Timeliness Metric Graphics Te
MTF rankings: Completeness
Monthly timeliness reports
Monthly completion reports

Monthly completion reports (drillable)
Completeness rankings: FY08 FY09 FY10 FY
Transmission Reports

Click on Monthly timeliness reports

Inpatient Metrics
Coding Completion Rate Rankings: FY10 FY11
SIDR-WWR Comparison Rankings: FY10 FY11
FY Comparison Reports
Top DRG - Bedded facilities Non-bedded
Top DX - Bedded facilities Non-bedded
Top OP - Bedded facilities Non-bedded
Transmission Reports
Information

Clinical Coding Reports
Primary ICD-9 Analysis
All ICD-9 Analysis
E&M Analysis by Provider Specialty
Primary CPT Analysis
All CPTs Analysis
Coding RVU Reports
6-month historical
RVU by FY

Data Quality Reports
Data Quality Review List / Statement Reports
ADM/AHLTA Usage
SG EGL Look-ahead Reports
Coding Audits File Receipt

WWR Metrics
6-Month Completeness
Information

Online Help Documents
CHCS Ad Hoc Samples

Questions/comments can be directed to the bdqas@us.af.mil

AF/SG Data Quality Metrics

Updates/News

- Sep 9 - Latest BDQAS status here.
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- Feb 10 - New MAJCOM AFGSC (includes Barksdale, FE Warren, Malmstrom, Minot and Whiteman).

Quick overviews

- Ambulatory Metrics
- Inpatient Metrics

BDQAS APV/OBSV Monthly Timeliness

Data Metrics Menu

Monthly Timeliness (APV/OBSV only)

Location	Month					
AF total	Jul	Aug	Sep	Oct	Nov	Dec
AF Academy	Jul	Aug	Sep	Oct	Nov	Dec
Andrews	Jul	Aug	Sep	Oct	Nov	Dec
Aviano	Jul	Aug	Sep	Oct	Nov	Dec
Eglin	Jul	Aug	Sep	Oct	Nov	Dec
Elmendorf	Jul	Aug	Sep	Oct	Nov	Dec
Incirlik	Jul	Aug	Sep	n/a	n/a	n/a
Keesler	Jul	Aug	Sep	Oct	Nov	Dec
Lackland	Jul	Aug	Sep	Oct	Nov	Dec
Lakenheath	Jul	Aug	Sep	Oct	Nov	Dec
Langley	Jul	Aug	Sep	Oct	Nov	Dec
Misawa	Jul	Aug	Sep	Oct	Nov	Dec
Mountain Home	Jul	Aug	Sep	Oct	Nov	Dec
Nellis	Jul	Aug	Sep	Oct	Nov	Dec
Osan	Jul	Aug	Sep	Oct	Nov	Dec
Travis	Jul	Aug	Sep	Oct	Nov	Dec
Wright-Patterson	Jul	Aug	Sep	Oct	Nov	Dec
Yokota	Jul	Aug	Sep	Oct	Nov	Dec

Select the base and month

SADR/DOWR monthly timeliness metrics

These metrics display point-in-time timeliness percentages for each day in the month for each DMIS. Only APV/OBSV clinics are included in the calculations. The compliance percentage is calculated by dividing the ADS "count" total by the DOWR.

The Details

This metric is an approximation to the question "what percentage of APV/OBSV records were completed within 14 calendar days". **(Update Mar 28, 2006: As per the DODDI, the records should be completed with 15 calendar days.)** The only exact answer could be found by comparing the appointment date to the first extract date. However, since the ADM record can be updated, the record is replaced in the database and we do not keep track of the first time a record was extracted.

None of our metrics consider the extract date. This puts pressure on the sites to make sure the data is transmitted without failure, as one day can make a big difference in the results. It also puts pressure on us to make sure the data is received and loaded properly into the database. There are, of course, events beyond our control that can also negatively impact file

Our metrics are normally updated three times daily (approximately 0630, 1130 and 1800 CST). These daily point-in-time snapshots are always based on the latest version, so each site will get the best possible percentage. For example, if your SADR file missed the cutoff for the morning and your metric showed 90%, but the evening run included the file and your metric raised to 94%, it will be the 94% that goes into the "permanent" snapshot.

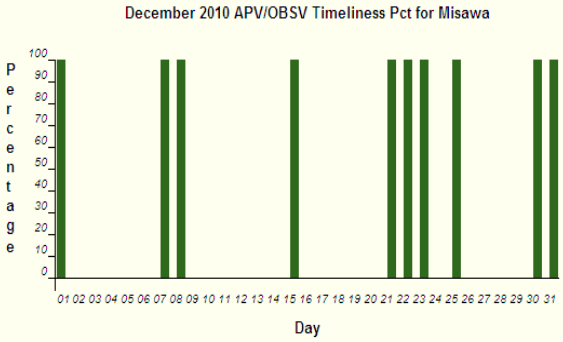
The overall "weighted average percentage" is calculated by summing up all the SADR and dividing by all the DOWR (as opposed to averaging the daily percentages).

BDQAS APV/OBSV Timeliness

Data Metrics Menu

Monthly Timeliness (APV/OBSV only)

Location	Month					
AF total	Jul	Aug	Sep	Oct	Nov	Dec
AF Academy	Jul	Aug	Sep	Oct	Nov	Dec
Andrews	Jul	Aug	Sep	Oct	Nov	Dec
Aviano	Jul	Aug	Sep	Oct	Nov	Dec
Eglin	Jul	Aug	Sep	Oct	Nov	Dec
Elmendorf	Jul	Aug	Sep	Oct	Nov	Dec
Incirlik	Jul	Aug	Sep	n/a	n/a	n/a
Keesler	Jul	Aug	Sep	Oct	Nov	Dec
Lackland	Jul	Aug	Sep	Oct	Nov	Dec
Lakenheath	Jul	Aug	Sep	Oct	Nov	Dec
Langley	Jul	Aug	Sep	Oct	Nov	Dec
Misawa	Jul	Aug	Sep	Oct	Nov	Dec
Mountain Home	Jul	Aug	Sep	Oct	Nov	Dec
Nellis	Jul	Aug	Sep	Oct	Nov	Dec
Osan	Jul	Aug	Sep	Oct	Nov	Dec
Travis	Jul	Aug	Sep	Oct	Nov	Dec
Wright-Patterson	Jul	Aug	Sep	Oct	Nov	Dec
Yokota	Jul	Aug	Sep	Oct	Nov	Dec



Weighted average percentage - 100.00% (26 / 26)

Day	Appt Date	SADR	DOWR	Pct
01	11/16	2	2	100.00
02	11/17	0	0	n/a
03	11/18	0	0	n/a
04	11/19	0	0	n/a
05	11/20	0	0	n/a
06	11/21	0	0	n/a
07	11/22	3	3	100.00
08	11/23	2	2	100.00
09	11/24	0	0	n/a
10	11/25	0	0	n/a
11	11/26	0	0	n/a
12	11/27	0	0	n/a
13	11/28	0	0	n/a
14	11/29	0	0	n/a
15	11/30	2	2	100.00
16	12/01	0	0	n/a
17	12/02	0	0	n/a
18	12/03	0	0	n/a
19	12/04	0	0	n/a
20	12/05	0	0	n/a
21	12/06	3	3	100.00
22	12/07	2	2	100.00
23	12/08	1	1	100.00
24	12/09	0	0	n/a
25	12/10	2	2	100.00
26	12/11	0	0	n/a
27	12/12	0	0	n/a
28	12/13	0	0	n/a
29	12/14	0	0	n/a
30	12/15	5	5	100.00
31	12/16	4	4	100.00

Daily Timeliness APV/OBSV stats are displayed

DQMC Review List Question B.6.a.

Statement Question 2a

B.6. In accordance with legal and medical coding practices have all of the following occurred (See Applicable DoDD/DoDI on Medical Records Retention and Coding):
a) What percentage of Outpatient Encounters, other than Ambulatory Procedure Visits (APVs), have been coded within 3 (three) business days of the encounter? (E.g., if day of encounter is Monday, then coding must be completed by the third business day, Thursday, close of business.)

Performance Threshold:

Greater than or equal to 95%; GREEN

Greater than or equal to 80% but less than 95%; YELLOW

Less than 80%; RED

N/A; not appropriate for this question.

Comments are required on DQ Statement if MTF performance is under 95%. Review Appendix A for comment requirements.

Calculation:

$$\frac{\text{Sum of Non-APV Standard Ambulatory Data Record (SADR) Encounters Coded Within 3 Business Days}}{\text{Sum of Non-APV Daily Outpatient Workload Reports (DOWR)}}$$

Details:

DoD Instruction 6040.42, 10 June 2004, Medical Encounter and Coding at Military Treatment Facilities, requires 100% of outpatient encounters (exception APVs) be coded within three business days of the encounter. This metric is an approximation to the question, "what percentages of records were completed within three business days?" This calculation does not include T-Cons or Non-Count Encounters. This metric is normally updated three times daily by BDQAS (approximately 0630, 1130 and 1830 CST) and the MTF is awarded the highest percentage of the three. For example, if your SADR file missed the cutoff for the morning and your metric showed 90%, but the evening run included the file and your metric rose to 94%, it will be the 94% that goes into the "permanent" snapshot. The overall "weighted average percentage" is calculated by summing up all the SADR and dividing by all the DOWR records, because of the floating windows, the total SADR and DOWR will exceed the actual SADR and DOWR.

A local process will be developed to monitor clinics for incomplete records, such as running the Ambulatory Data Module (ADM) compliance report at the end of each day (CHCS path is ADS>#2-Ambulatory Data Reports>#3-ADM Compliance Report). Provide feedback to providers, coders, and their supervisors. Evaluate your MTF's business processes for improvement opportunities. The DQ Manager will perform this function weekly.

Process:

DQ Manager will:

1. Go to the BDQAS web site:
https://bdqas.afms.mil/data_metrics/data_metrics.htm
2. Click on "DQ Statement Reports" under the DQ Reports column.
3. Click on your "Major Command" and find your facility.
4. Click on the "reporting data month."
5. Report monthly percentage and raw numbers on the DQ Statement for this question.

NOTE: Percentages must be reported to one decimal point. Rounding of actual performance calculations beyond one decimal point is prohibited. If performance measure is RED or YELLOW, the DQ Assurance Team and MTF Executive Committee will need to be briefed and corrective actions accomplished/tracked by locally appointed personnel.

Additional Information:

Question B.6.a. is question 2a on the DQ Statement. Review Section B.6.a. (Data Input) in the DQ Management Control Review List for the current fiscal year.

DQMC Review List Question B.6.b.

Statement Question 2b

B.6. In accordance with legal and medical coding practices have all of the following occurred (See Applicable DoDD/DoDI on Medical Records Retention and Coding):
b) What percentage of Ambulatory Procedure Visits (APVs) have been coded within 15 calendar days of the encounter?

Performance Threshold:

Greater than or equal to 95%; GREEN

Greater than or equal to 80% but less than 95%; YELLOW

Less than 80%; RED

N/A; facilities not performing APVs.

Comments are required on DQ Statement if MTF performance is under 95%. Review Appendix A for comment requirements.

Calculation:

$$\frac{\text{Sum of APV Standard Ambulatory Data Record (SADR) Encounters Coded Within 15 Calendar Days}}{\text{Sum of APV Daily Outpatient Workload Reports (DOWR)}}$$

Details:

DoD Instruction 6040.42, 10 June 2004, Medical Encounter and Coding at Military Treatment Facilities, requires 100% of APVs be coded within fifteen calendar days of the encounter. This metric is an approximation to the question, "what percentages of records were completed within fifteen calendar days?" This calculation does not include T-Cons or Non-Count Encounters. This metric is normally updated three times daily by BDQAS (approximately 0630, 1130 and 1830 CST) and the MTF is awarded the highest percentage of the three. For example, if your SADR file missed the cutoff for the morning and your metric showed 90%, but the evening run included the file and your metric rose to 94%, it will be the 94% that goes into the "permanent" snapshot. The overall "weighted average percentage" is calculated by summing up all the SADR and dividing by all the DOWR records, because of the floating windows, the total SADR and DOWR will exceed the actual SADR and DOWR.

Process:

DQ Manager will:

1. Go to the BDQAS web site:
https://bdqas.afms.mil/data_metrics/data_metrics.htm
2. Click on "DQ Statement Reports" under the DQ Reports column.
3. Click on your "Major Command" and find your facility.
4. Click on the "reporting data month."
5. Report monthly percentage and raw numbers on the DQ Statement for this question.

NOTE: Percentages must be reported to one decimal point. Rounding of actual performance calculations beyond one decimal point is prohibited. If performance measure is RED or YELLOW, the DQ Assurance Team and MTF Executive Committee will need to be briefed and corrective actions accomplished/tracked by locally appointed personnel.

Additional Information:

Question B.6.b. is question 2b on the DQ Statement. Review Section B.6.b. (Data Input) in the DQ Management Control Review List for the current fiscal year.

Compliance Benefits

- What is the benefit in ensuring compliance?
  - What's in it for me and my MTF?
  - Increase in Relative Value Units (RVUs)
    - Revenue
    - Manning
  - Third party insurance claims will be generated
    - Revenue

Summary

- Welcome
- Data Quality (DQ) Review List and Statement Updates
- 2011 Health Service Inspection (HSI) DQ requirements
- eDQ (Electronic DQ Review List and Statement) Status
- Provider File Report Card Update
- Training Opportunities
- Reminders
- Open Forum for Questions/Comments
- Training
- Wrap-up/Next Meeting

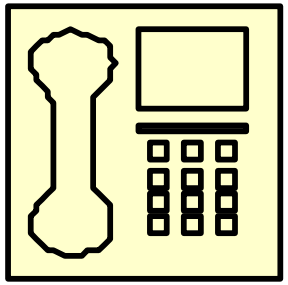
Wrap-up/Next Meeting

The next conference calls are scheduled as follows:

PACAF – 19 APR @ 1700 CST

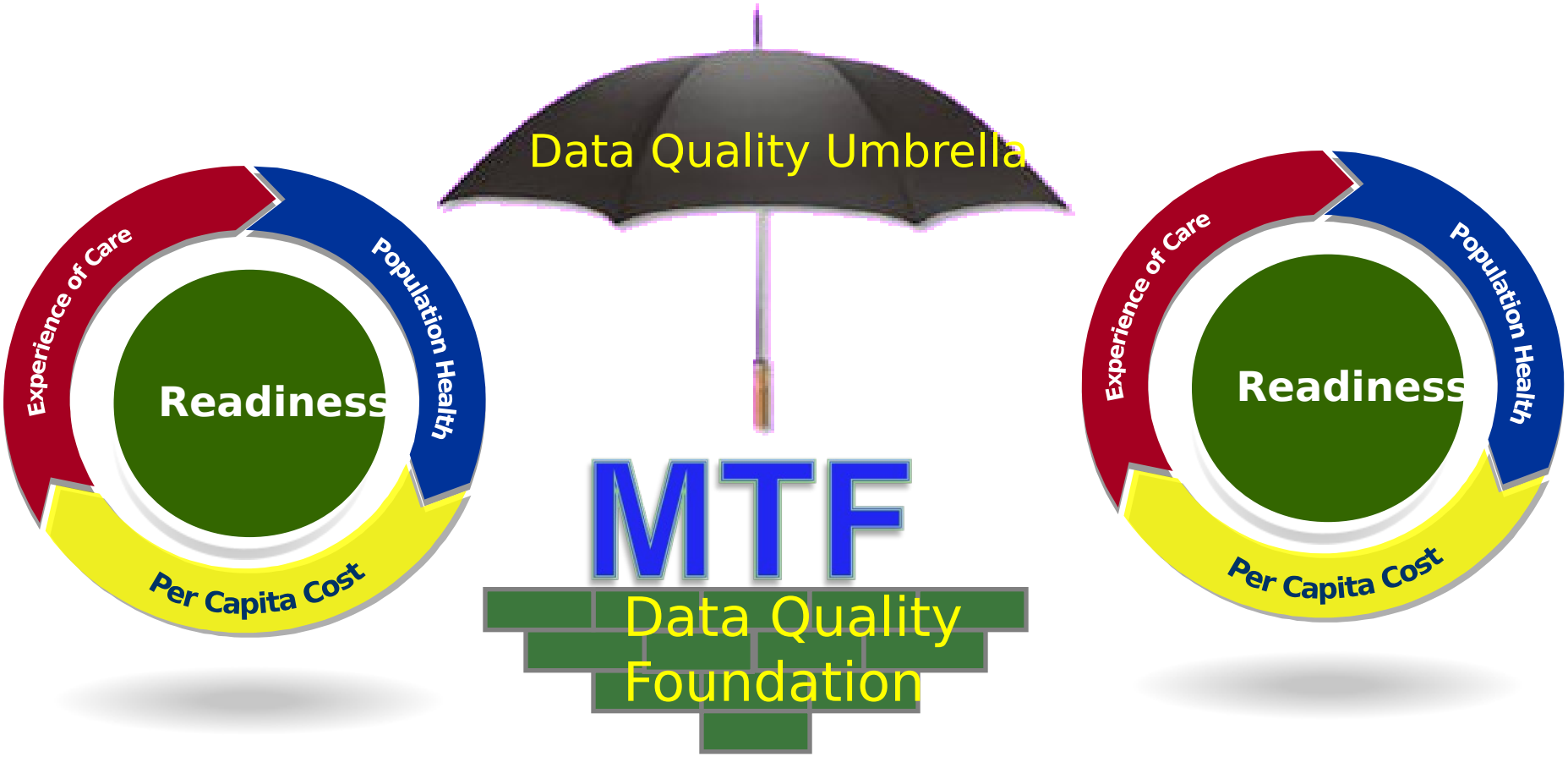
CONUS – 20 APR @ 1030 CST

USAFE – 21 APR @ 0800 CST



We will include dates, dial-in information for all three meetings. That will enable anyone who cannot attend their specific scheduled meeting to dial-in to one of the other meetings.

BDQAS Reports & Timeliness Training



Questions?